R E P O R T R E S U M E S

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JOINT STATEMENT OF POLICY FOR WISCONSIN HEARING CONSERVATION PROGRAM.

WISCONSIN STATE DEPT. OF PUBLIC INSTR., MADISON
WISCONSIN STATE BOARD OF HEALTH, MADISON

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GUIDELINES PREPARED BY STATE DEPARTMENT OF PUBLIC INSTRUCTION AND THE STATE BOARD OF HEALTH OUTLINE THE PHILOSOPHY AND PROCEDURES OF THE WISCONSIN HEARING CONSERVATION PROGRAM DESIGNED TO DETECT HEARING LOSSES AND TO PROVIDE APPROPRIATE REMEDIATION AND FOLLOWUP. (DF)

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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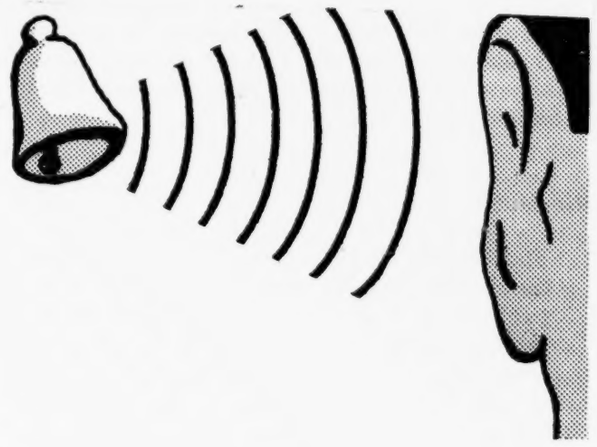

Bureau for Handicapped Children
of the
Wisconsin Department of Public Instruction
and the
Wisconsin State Board of Health

1966

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Philosophy

The hearing conservation program, like other programs sponsored by these departments, has for its objective the procurement of those opportunities that will assist children to develop and achieve their optimal potentials. In a hearing program the skills of persons in both the education and health field are to be utilized if this objective is to be accomplished. The focus must be on needs of the child. The program is more than finding the hearing handicapped child. It is concerned with helping the child, the parents and teachers with the management of the health and educational factors that would impede the child's growth and development. The following program's guidelines are developed in accordance with this philosophy.

Guidelines

1. The Bureau informs school administrators, or their designees, County Medical Societies and public health nurses by letter when the Hearing Conservation Service is to be conducted in a specific area and suggests possible dates for conducting the program. The planning for the Hearing Conservation Program is a local responsibility involving the above-mentioned individuals.
2. The scheduling for a local hearing screening program is the responsibility of the local school administrator and the Bureau for Handicapped Children. School administrators and area public health nurses should work closely in setting up a mutually satisfying schedule for conducting the screening aspect of hearing conservation, for this is a combination health and educational program.
3. Volunteer lay workers for screening are instructed by the consultants from the Bureau for Handicapped Children. The recruitment of these volunteers should be arranged through the cooperative efforts of the local school and public health nursing personnel.
4. The local community is to make arrangements for audiometers. (The Bureau for Handicapped Children has some for loan). It is a legitimate volunteer activity to transport and make arrangements for this equipment.
5. Care and storage of the audiometer is important.
6. Audiometers should be inspected and recalibrated yearly. This is usually done during the summer vacation period.
7. Quiet testing rooms, along with complete cooperation on the part of teachers, is absolutely necessary so that good hearing-screening procedures can be carried out.
8. Threshold audiograms are taken by the Hearing Consultants on children who do not pass the screening test. This can best be accomplished in the interests of time and good test results, if quiet rooms are located centrally and pupils brought to such facilities. Of course, arrangements must be mutually planned for this part of the Hearing Conservation Service. Interested parents and school buses are two transportation resources which have been utilized. A child's family does not need to accompany him for this threshold retest.
9. The Bureau for Handicapped Children and the local County Medical Societies jointly sponsor the hearing clinics. The diagnostic examination is conducted by a member of the American Board of Otolaryngology, whose services are arranged for through the Hearing Consultants at the Bureau.
10. The selection of cases for otologic examination is made by the Hearing Consultant on the basis of pattern and amount of the apparent hearing impairment noted from the results of the threshold audiogram. Clinic invitation to the parents of a child selected is issued by the public health nurse who also notifies the school personnel of the date and time of the approaching ear-nose-

throat evaluation. The school will definitely encourage the family to have the child attend the clinic and take advantage of this diagnostic examination by an ear specialist. At times it has been necessary for the school to assist the nurse by making transportation arrangements for the pupil and parent to the clinic.

11. The reports with recommendations, which the family physicians, school administrators and public health nurses receive are to be shared with the principal and the teacher so the hard-of-hearing child will have every health and educational advantage, including consultation with health personnel and/or the Bureau Hearing Consultant interested in the pupil.
12. The hearing consultants with the Bureau for Handicapped Children are available "year round" to serve hear-of-hearing children and their families through special testing and consultation by appointment.
13. Facilities and possible financial assistance are available to deserving families for diagnostic examinations, indicated surgery and the purchase of recommended hearing aids in accordance with the Bureau for Handicapped Children's policies.
14. Placements in a day class or the State residential school for hearing-impaired children are determined by the Bureau for Handicapped Children's Supervisor of Schools for the Deaf and Visually Handicapped after conference with the hearing consultants and other professionals as needed. Referrals can be made by anyone concerned to the Bureau for Handicapped Children.
15. Every child – preschool age through high school and even to age 21 – enrolled in all types of classes is eligible for Bureau services and evaluation. "Preschool" is stressed because the earlier plans can be initiated for the child who is hard-of-hearing or deaf, the better his chance for being competent and successful in school and, hence, an independent future citizen.